

#### IX. PAYMENT FOR SERVICES

- A. The Department of Social Services shall pay the actual and reasonable cost of inpatient hospital services, outpatient services and partial hospital services under Methods and Standards which are:
1. Consistent with the capital expenditure provisions of Section 1122 of the Social Security Act;
  2. Consistent with the Medicare standards and principles for determining reasonable cost reimbursement (Provider Reimbursement Manual - HIM 15).
- B. The Department of Public Institutions shall furnish the Department of Social Services with a copy of the Medicare cost report filed with the Medicare Intermediary. The Department of Social Services shall utilize this cost report in determining:
1. Actual and reasonable cost of inpatient hospital services, outpatient services and partial hospital services;
  2. Nominal fee provider status.

#### X. ALTERNATE CARE

- A. The two Departments, in cooperation with any other pertinent licensing/certification agencies, Community Mental Health Programs and other community resources, shall provide:
1. For the continuing promotion and identification of types, of alternate care outside of the institution that are currently available for use by recipient patients;
  2. For the appropriate utilization of these resources; and
  3. For the development of additional methods of care and the extension of current methods that are necessary to assure:
    - a. The ready availability of suitably located and appropriate alternate care when needed by recipients who otherwise would be cared for in institutions for mental diseases and by recipient patients no longer needing treatment in such institutions; and
    - b. Choices in alternate care arrangements such as care in own or relative's home with necessary home services, board and room living with necessary support services, foster family/custodial foster care and nursing home care.
- B. The community regional mental health programs shall provide ongoing recruitment and training of alternate care facilities and staff/caretakers/sponsors.

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## XI. COMPREHENSIVE MENTAL HEALTH PROGRAM ANNUAL REPORT

- A. The Department of Public Institutions shall provide, upon request, to the Department of Social Services reports showing that the state is making annual progress toward developing and implementing a comprehensive mental health program, including provision for utilization of community health centers, nursing homes, and other alternatives to care in public institutions for mental diseases. Such reports shall contain evidence of progress such as actions to improve or extend hospital treatment and community services for the mentally ill and mentally retarded (e.g., increase in professional staff and in intensive treatment programs for long-term patients, increased use of open wards, development of day and night hospital services or weekend treatment programs, increase in consultative service to community agencies, programs directly involved in providing services to present and former mental hospital patients, increase in outpatient treatment services, increase in the number of beds available in general hospitals for psychiatric patients, and actions for the progressive development of the community resources and supporting services needed to insure that alternate plans for care can be tailored to meet the requirements of individual patients.
- B. The Department of Social Services shall enter into agreements with the community mental health programs for day treatment for the funding of mental health services under the provisions of 471 NAC 20-003 "Reimbursement of Psychiatric Day Treatment Services" without reduction for federal grants.

## XII. LIAISON RESPONSIBILITIES

- A. The Director of the Department of Social Services shall designate at least one staff member to carry out liaison responsibilities with the Department of Public Institutions. The liaison person(s) will facilitate and assure the implementation of this agreement in respect to all recipient patients in each state institution for mental diseases.
- B. The Director of the Department of Public Institutions shall designate at least one staff member to carry out liaison responsibilities with the Department of Social Services. The liaison person(s) shall facilitate and assure the implementation of this agreement in respect to all recipient patients in each state institution for mental diseases.
- C. The liaison individuals shall be responsible for handling technical problems in which procedures could be detrimental to the overall program. They shall also be responsible for obtaining professional assistance from their respective departments in areas which affect policy decisions.
- D. The appointed liaison person(s) shall be the designated individuals to make contact with the Health and Human Services Regional Office when guidance is needed to enhance the services and funding of an overall mental health program.

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XIII. PROCEDURE FOR RELEASE OF PATIENTS

- A. When any patient in a public institution for mental diseases has been approved for an alternate plan of care, the Social Services Division of the institution has the responsibility for discharge planning. Such responsibility includes (in cooperation with community mental health programs) initiating alternate care arrangements, assisting in patient transfer and following up on the patient's alternate care arrangement. In the process of discharge planning with alternate care arrangements, the Social Services Division of the institution has the responsibility for contacting the Local Office of Social Services in the patient's county of legal settlement. If the patient's legal settlement has not been established, the contact shall be made with the Local Office of Social Services in the county of commitment.
1. The Local Office of Social Services shall be responsible for the taking of applications for public assistance, and determining original and continuing eligibility.
    - a. If the Local Office of Social Services is not in the locality of the institution, the Social Services Division of the facility shall assist the Local Office of Social Services in taking the application for public assistance.
    - b. Staff in the Local Office of Social Services shall determine the need for referral of the individual for Social Services (as described in Section V), after alternate care arrangements have been made.
  2. Copies of all notices regarding placement of recipient patients shall be forwarded to an individual designated by the State Department of Social Services.

APPROVED AS TO LEGAL FORM

BY

OFFICE OF THE GENERAL COUNSEL

Director

Department of Public Institutions

Director

Department of Social Services

w18/g1-10

State Plan TN#

MS83-20

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Nov 28, 84

added 11/8/84

Amendment to Cooperative Agreement  
Between  
State Department of Public Institutions  
and the  
State Department of Social Services  
Relating to  
Assistance Payments in Behalf of Patients  
in  
Public Institutions for Mental Diseases

The agreement, effective November 1, 1983, is hereby amended as follows:

Paragraph VIII, Section C, is hereby amended to read as follows:

- C. The Department of Public Institutions is on a cash accounting system whereby:

Determinations of ability to pay shall be made on a calendar month basis and collections from financially responsible relatives shall be credited to the Medicaid billing in the month in which they are received or reported to the Department of Social Services.

Paragraph IX, Section A, (2) is hereby amended to read as follows:

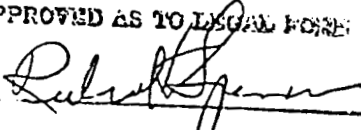
2. Consistent with the methods and standards indicated in Attachments 4.19-A and 4.19-B of the Nebraska State Plan under Title XIX of the Social Security Act.

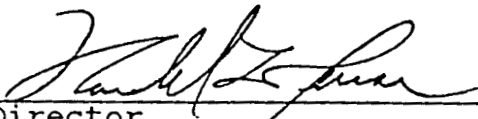
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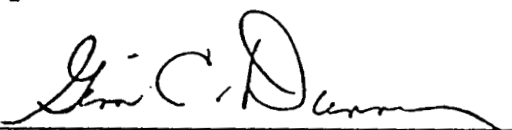
added 11/8/84

The original agreement effective November 1, 1983, shall remain in effect in all other aspects. This amendment shall be effective November 1, 1983.

APPROVED AS TO LEGAL FORM:

  
OFFICE OF THE GENERAL COUNSEL

  
Director  
Department of Public Institutions

  
Director  
Department of Social Services

g5/h1

State Plan TN# 71583-20 Effective Date 11/1/83  
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INTERAGENCY AGREEMENT

Among and Between the

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FINANCE AND SUPPORT

and

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE

I. PURPOSE AND JUSTIFICATION FOR INFORMATION ACCESS

WHEREAS, the Department of Health and Human Services (hereinafter HHS) has entered into a cooperative agreement to support state-based Infant Health Initiative programs with the United States Department of Health and Human Services through its Centers for Disease Control, Catalog of Federal Domestic Assistance No. 93.946. Under this cooperative agreement, HHS will use these funds to develop a Pregnancy Risk Assessment & Monitoring System (hereinafter PRAMS) which will (1) establish and maintain Nebraska specific population-based surveillance of selected maternal behaviors that occur during pregnancy and the child's early infancy; and (2) generate Nebraska-specific data for planning and assessing perinatal health programs; and

WHEREAS, HHS seeks to obtain vital records information from the Nebraska Department of Health and Human Services Regulation and Licensure and Medicaid information from the Nebraska Department of Health and Human Services Finance and Support to facilitate achieving these goals; and

WHEREAS, under Neb. Rev. Stat. §71-602.01 (Rev. 1996), all information designated on birth certificates as being for health data and statistical research shall be confidential but may be released to the Department of Health and Human Services for research and statistical purposes pursuant to a written agreement; and

WHEREAS, Title XIX of the Social Security Act (Medicaid), Section 1902(a)(7) (as amended) provides safeguards which restrict the use or disclosure of information concerning Medicaid applicant and recipients to purposes directly connected with the administration of the State Medicaid plan and regulations at 42 CFR 431.02 Title XIX Medical Assistance Programs (Medicaid) specify the purposes directly related to the State plan administration; and

WHEREAS, under Neb. Rev. Stat. §68-313 (Rev. 1996), information concerning individuals who apply for or receive medical assistance benefits may be used and disclosed for purposes directly connected with the administration of such medical assistance program; and

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WHEREAS, collaboration between Medicaid and the PRAMS program is deemed appropriate to the administration of the Medicaid program because such collaboration will: (1) assist in the planning and provision of accessible and quality medical care for pregnant women; (2) assist in determining the quality of the work provided by managed care providers; (3) determine the adequacy of care for pregnant women in the fee for service population; (4) be useful as a tool to compare Nebraska findings and care with other states which have PRAMS programs; and (4) meet the provisions of the Interagency Agreement between the Family Health Division and the Medicaid Program, specifically Sections C, E, and F; and

WHEREAS, the PRAMS program is within the Family Health Division; and

WHEREAS, under 465 NAC 2-005, all information which identifies individuals who apply for or receive Medicaid assistance, benefits, or services must be safeguarded; and

WHEREAS, such information obtained and shared by and between the various departments under this agreement shall be used for research and/or analytical purposes only and will not be used to determine assistance eligibility of any individual or to make any other determinations affecting, an individual; and

WHEREAS, information may be shared among and within the various Departments pursuant to Neb. Rev. Stat. §81-3007.01 (Rev. 1996) through an interagency agreement;

THEREFORE, this agreement is entered into by and between the Nebraska Department of Health and Human Services (hereinafter HHS), the Nebraska Department of Health and Human Services Finance and Support (hereinafter F&S), and the Nebraska Department of Health and Human Services Regulation and Licensure (hereinafter R&L) to accomplish the above mentioned goals.

## II. DESCRIPTION OF DATA AND METHOD OF DATA ACCESS OR TRANSFER

### A. BIRTH CERTIFICATE INFORMATION

R&L, through the Data Management Health Data Coordinator, agrees to make available to HHS, through PRAMS, the following specified birth certificate data files. Specifically, on a monthly basis, an ASCII-format file will be provided to HHS containing a complete set of demographic and medical data items from *all birth certificates received for the month occurring two calendar months previous*. These files will be made available on the BF200BOI network file service under the PRAMS "m:\\" directory.

All files will be provided to NE PRAMS by the end of the third week of every month.

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B. MEDICAID INFORMATION

F&S through its Medical Assistance Program ("Nebraska Medicaid"), Primary Care Unit Manager, agrees to provide the current phone number, address, and clinic/local agency site collected in the NEBRASKA Medicaid computer system data for those Medicaid clients who do not respond to PRAMS questionnaires, for the sole purpose of facilitating contact with such non-responders.

C. NEWBORN SCREENING

HHS, through its Newborn Screening /Genetics Program, Program Manager, agrees to provide the current phone number and address collected in the Newborn Screening/Genetics computer system data for those individuals who do not respond to PRAMS questionnaires, for the sole purpose of facilitating contact with such non-responders.

III. CONFIDENTIALITY AND DISPOSITION OF DATA

All Departments mutually agree that the PRAMS Coordinator, HHS, will be designated as custodian of all shared information and will be responsible for establishment and maintenance of security measures as required by applicable state and federal law.

HHS agrees to maintain confidentiality of all information obtained and will not identify any Medicaid applicant/participant by name, identification number or other identifier, nor release any information designated on birth certificates as being for health data and statistical research purposes to any third party, nor will it release to any third party any information designated on birth certificates as being for health data and statistical research.

HHS agrees that data received under this agreement will be used only for research or analytical purposes by the PRAMS program and will not be used to determine any program eligibility or to make any other determinations affecting any individual. Furthermore, as the data will be shared within, among and between the three departments, it will be subjected to all applicable federal and state requirements regarding privacy and confidentiality.

HHS will destroy all confidential information associated with actual records as soon as the purposes of the project have been accomplished. All files containing confidential information will be deleted from the BF200BO1 network file under the PRAMS directory after PRAMS has processed the file information. Once the project is complete, PRAMS will:

1. Destroy all hard copies containing confidential data;
2. Archive and store electronic data containing, confidential information off line in a secure place and delete all on line confidential data; and
3. All other data will be erased or maintained in a secure area.

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V. DATA SHARING PROJECT COSTS

The Nebraska Department of Health and Human Services Finance and Support and the Nebraska Department of Health and Human Services Regulation and Licensure agree to provide the above detailed information to NE PRAMS free of charge.

VI. REPORTS

HHS agrees to provide copies of reports generated as a result of this study to F&S and R&L.

VI. TERM

This interagency agreement shall become effective on September 23, 1999 and remain in full force and effect for the period of operation of the PRAMS project. The Departments shall review the operation of this agreement on an annual basis to determine if revisions to this agreement are needed.

EXECUTED BY THE DULY AUTHORIZED REPRESENTATIVES OF THE PARTIES.

Ron Ross, Director  
Department of Health and Human  
Services

November 1, 1999  
Date

Richard Nelson, Director  
Department of Health and Human  
Services Regulation and Licensure

November 5, 1999  
Date

Jeff Elliott, Director  
Department of Health and Human  
Services Finance and Support

November 8, 1999  
Date

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Approved

JUL 5 2000

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\*Substitute per letter dated 12/18/91

**INTERAGENCY AGREEMENT**  
**between the**

NEBRASKA DEPARTMENT OF HEALTH  
MATERNAL AND CHILD HEALTH BLOCK GRANT PROGRAM (TITLE V)

and the

NEBRASKA DEPARTMENT OF SOCIAL SERVICES  
MEDICAID (TITLE XIX)

This Agreement is entered into by and between the Nebraska Department of Health, Maternal and Child Health (MCH) Block Grant Program, Title V (hereinafter Title V Agency) and the Nebraska Department of Social Services, Medicaid Program, Title XIX (hereinafter Title XIX Agency).

WHEREAS, Title V of the Public Health Services Act (Maternal and Child Health Services Block Grant) Section 505 (a)(5)(F)(i) requires the State Title V Agency to "participate in the arrangement and carrying out of coordination agreements described in section 1902(a)(11)." of the Social Security Act, and

WHEREAS, Title XIX of the Social Security Act (Medicaid), Section 1902(a)(11)(A) provides for entering into cooperative arrangements with the State agencies responsible for administering and/or supervising the administration of services to ensure maximum utilization of such services. Section 1902 (a)(11)(B) requires provision of appropriate reimbursement to any Title V project (included in the State Plan) by Title XIX for services and care provided to Medicaid recipients, and

WHEREAS, 42 C.F.R. 441.61 Title XIX Medical Assistance Programs (Medicaid) specifies that the State Title XIX plan for HEALTH CHECK, the Nebraska Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services incorporate 1) the identification of available Title V screening, diagnostic and treatment facilities and services; 2) procedures to assure maximum utilization of such facilities and services; and 3) procedures for assuring that Title XIX recipients eligible for Title V services be informed of such services and are so referred, and

WHEREAS, 42 C.F.R. 431.615, Title XIX Medical Assistance Program (Medicaid), requires that the State Title XIX plan include written cooperative agreements with Title V grantees to assure that Title V recipients eligible for Title XIX receive services with particular emphasis on HEALTH CHECK, and

WHEREAS, the Nebraska Department of Health is responsible for the conduct of the Title V Program and the Department of Social Services is responsible for the conduct of the Title XIX Program and no party to this Agreement may assume the responsibilities of any other party unless such is specifically delegated as a term of this Agreement, and

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Supersedes TN# \_\_\_\_\_ Approval Date DEC 10 1991